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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\****mne mjd***\*\* FOREIGN APPLICATIONS \*\*\*\*\****mne mjd***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mjd</i>				
Verified and Acknowledged	Examiner's Signature <i># 25943</i>	Initials			

**ADDRESS**

000025943

**TITLE**

Method and apparatus for masking private mailing address information by manipulating delivery transactions

FILING FEE RECEIVED 427	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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